2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

-20721 W. PENNSYLAVANIA AVE.

-DUNNÉLLON FL 34431-

P96000089643 DOCUMENT

1. Entity Name

Principal Place of Business

-DUNNELLON FL-34431

20721-W. PENNSYLAVANIA AVE.

TRUESDELL ACCOUNTING SERVICES, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90076 041 ***150.00



2. Principal Place of Business 3. Mailing Address " Place 2102 SW 2102 SW Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite City & State 4. FEI Number Applied For 59-3419860 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **USA** Fee Required Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent-WRIGHT, SUSAN LYNN Street Address (P.O. Box Number is Not Acceptable) 19420 ST. GEORGE DRIVE **DUNNELLON FL 34432** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITI F ☐ Addition Delete TITLE TRUESDELL, PAUL GRANT TRUESDELL, PAUL GRANT NAME NAME 9245 SW 9th Terrace 2-721 W PENNSYLVANIA AVE STREET ADDRESS STREET ADDRESS OCALA, FLORIDA 34476 **DUNNELLON FL** CITY-ST-7IP CITY-ST-ZIP STD TITLE ☐ Delete TITLE WRIGHT, ROHALD K. WRIGHT, RONALD K NAME NAME 2102 SW 20th Place, Ste. 302 20721 W PENNSYLVANIA AVE STREET ADDRESS STREET ADDRESS **DUNNELLON-FL** CITY-ST-7IP CITY-ST-ZIP Ocava, FLORIDA 34474 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

TITLE.

NAME

FERNATUME REPAULIGRANT TRUESDEU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2-1-03

☐ Change

■ Addition

Addition

CR2E034 (10/02)